

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REFUND COMPLETED
PCT NATIONAL DIVISION

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>16 Jun 05</u>		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
X	Other <u>Claims</u>			\$ <u>43.00</u>							
		7 TOTAL AMOUNT OF REFUND		\$ <u>43.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
X	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>2</td><td>--</td><td>2</td><td>6</td><td>6</td><td>6</td></tr></table>			0	2	--	2	6	6	6
0	2	--	2	6	6	6					
	No Fee Due (Explanation):										
REFUND COMPLETED PCT NATIONAL DIVISION											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>T. Holler</u>		TITLE: <u>President</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: _____									
OFFICE: _____		<small>Repln. Ref: 06/16/2005 THOLLAND 0000238600</small> <small>000:022666 Name/Number: 10501964</small> <small>06: 9204 \$43.00 CR</small>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B